

U.S. Department of Justice  
United States Marshals Service

## PROC'S RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 05-10224-NMG
DEFENDANT James D. Goodwyn	TYPE OF PROCESS Preliminary Order of Forfeiture
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Donna L. Ruffin
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 52 Massachusetts Avenue, Brockton, MA 02301

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Eugenia Carris, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above name individual by certified mail return receipt requested.

Signature of Attorney or other Originator requesting service on behalf of : <i>EN</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE December 21, 2006
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above). <i>K. J. Village</i> 12/27/06	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Bureau of ATF Asset Forfeiture / Seized Property Branch 650 Massachusetts Ave., NW Techworld, Suite 710 Washington, DC 20226	Date of Service 1/11/07					
	Time 2:00 pm					
Signature of U.S. Marshal or Deputy						
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund

REMARKS:

*See Atch Receipt of Acknowledgement*

## SENDER: COMPLETE THIS SECTION

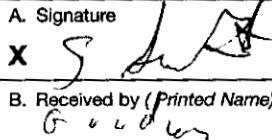
- Complete items 1, 2, and 3. To complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

James D. Goodwyn  
 Federal Inmate # 4721  
 PCCF, 26 Long Pond Road  
 Plymouth, MA 02360

762025-05-0024-01

## COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) G. Goodwin	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2 Article Number

7003 1680 0006 7967 4215

... Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Donna L. Ruffin  
52 Massachusetts Ave  
Brockton, MA 02301

762025-05-0024-01

2 Article Number

- 140 0006 7967 4192

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Thomas Plurix*  Agent  
 Addressee

## B. Received by (Printed Name)

*03/21/03*

## C. Date of Delivery

## D. Is delivery address different from Item 1?

If YES, enter delivery address below:  Yes  
 No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540

Case # 4:03-cv-01020-RMG Document 4  
17, file # 4  
PO Box No. 52 Massachusetts Ave  
Street Adr. No. 10  
Dunna Li Ettin

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
07620250053424-015	
Postage	\$
Certified Fee	\$
Retum Receipt Fee	\$
Postmark	Here
Indorsement Fee	\$
Strict Delivery Fee	\$
Total Postage & Fees	\$

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<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature</p> <p><b>X</b></p> <p>B. Received by (Printed Name) <input type="text"/></p> <p>C. Date of Delivery <input type="text"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="text"/> <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>Donna L. Ruffin 52 Massachusetts Ave Brockton, MA 02301</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>762025-05-0024-01</p>	